

**GUIDANCE FOR SUBMITTING AND PROCESSING  
CLAIMS FOR REIMBURSEMENT FOR PRIVATELY-PURCHASED  
PROTECTIVE, SAFETY, OR HEALTH EQUIPMENT**  
*REVISED VERSION (13 FEBRUARY 2006)*

1. **REFERENCES:**

a. Public Law (P.L.) 108-375, Section 351, Reimbursement for certain protective, safety, or health equipment purchased by or for members of the Armed Forces deployed in contingency operations, October 28, 2004, as amended by P.L. 109-163, Section 332, January 6, 2006.

b. DoD Financial Management Regulation (DoDFMR) 7000.14-R, Disbursing Policy and Procedures, June, 2005.

c. USD (P&R) Memorandum, Subject: DoD Policy and Procedures for Reimbursement for Privately-Purchased Protective, Safety, or Health Equipment, 10 February 2006.

d. Army Regulation 25-400-2, The Army Records Information Management System (ARIMS), 15 November, 2004.

e. Army Regulation 710-2, Supply Policy Below the National Level, July 8, 2005.

f. Army Regulation 735-5, Policies and Procedures for Property Accountability, February 28, 2005.

g. Department of the Army Pamphlet 710-2-1, Using Unit Supply System (Manual Procedures), December 31, 1997.

h. Secretary of the Army Memorandum, Subject: Department of the Army Policy and Procedures for Reimbursement for Privately-Purchased Protective, Safety, or Health Equipment, 21 November 2005.

2. **PROCEDURES FOR SOLDIERS.**

a. The Army shall reimburse Soldiers for the cost (including shipping costs) of any protective, safety, or health equipment that was purchased by either the Soldier or by another person on behalf of the Soldier for personal use in anticipation of, or during, the Soldier's deployment for Operations Noble Eagle, Enduring Freedom, or Iraqi Freedom, if all of the following requirements are met:

(1) The equipment is listed on the identified list of shortage items that certifies the items were critical to the protection, safety, or health of deployed Soldiers (Attachment 1).

(2). The Soldier was not issued equivalent government-provided protective, safety, or health equipment before engaging in imminent danger or hostile fire operations.

(3) The protective, safety, or health equipment was purchased after 10 September 2001 and before 2 April 2006. The purchase deadline of 1 April 2006 is a revision to the deadline that was in place when the reimbursement program was originally implemented in November of 2005. The 2005 National Defense Authorization Act (NDAA), which first authorized the program, established 31 July 2004 as the deadline date for reimbursable purchases. This deadline was extended by the 2006 NDAA to 1 April 2006.

(4) Completed claims must be postmarked or presented to the designated receipt point no later than October 3, 2006. Reimbursement is limited to the actual purchase price and shipping cost (supported by receipts) or the cost as indicated on the attached list (Attachment 1). Reimbursement for any one item shall not exceed \$1,100. All items for which the Army pays reimbursement become U.S. Government property and must be turned in to the Soldier's unit or to the U.S. Army Claims Service (for former Soldiers and others noted in paragraph 2.a below), unless the approval authority determines that items were destroyed in combat or are otherwise no longer available for good reason.

b. Soldiers currently on active duty or in the Reserve Components who are currently assigned to a unit and who meet the requirements set forth above must complete a DD Form 2902, "Claim for Reimbursement and Payment Voucher for Privately Purchased Protective, Safety and Health Equipment Used in Combat" (Attachment 2), and submit the form together with documentary evidence of ownership or purchase of the equipment, (e.g. receipts or affidavits) and documentation demonstrating participation in one of the Operations listed above (e.g. a copy of deployment orders or DD Form 214 indicating service in one of the Operations) to their unit commander. Soldiers must also turn in the protective, health or safety equipment for which they seek reimbursement to their unit commander. If the Soldier no longer has the protective, health or safety equipment for which he or she is seeking reimbursement, the Soldier must submit documentation (e.g. written statements) explaining the whereabouts of the equipment.

c. Former Soldiers (e.g. retired, ETS), survivors of Soldiers, members of the Individual Ready Reserve, and those assigned to small, remote detachments with no readily available field grade officer will send their completed DD Form 2902, accompanying documentation as noted above, and the protective, health or safety equipment, directly to the U.S. Army Claims Service at the following address:

U.S. Army Claims Service  
ATTN: JACS-PC  
4911 Llewellyn Avenue  
Fort George G. Meade, MD 20755-5360

Survivors of deceased soldiers should be directed to their Casualty Assistance Officer (CAO) for assistance in filing the necessary forms.

d. All items for which the U.S. Government pays reimbursement becomes U.S. Government property and will not be returned to the Soldier unless the claim is denied.

e. Soldiers or others who have questions may e-mail their questions to:  
[equip.reimbursement@us.army.mil](mailto:equip.reimbursement@us.army.mil).



### 3. PROCEDURES FOR UNIT COMMANDERS:

- a. Unit commanders will receive and process equipment turned in by Soldiers for disposal in accordance with AR 710-2, Supply Policy Below the National Level, DA Pam 710-2-1, Using Unit Supply System (Manual Procedures), AR 735-5 Policies and Procedures for Property Accountability, and local policy as “found on installation” property.
- b. Unit commanders will assign a claim number to block 5 of the DD Form 2902 for each claim submitted. Claim numbers will consist of the Unit Identification Code (UIC), followed by a 4 digit number beginning with “0001” for the first claim submitted (and following sequentially there from for each subsequent claim filed), followed by current Julian Date (Sample claim number: W3CS05-0001-5279). This claim number will be used by the Defense Finance and Accounting Service (DFAS) as the document reference number in their payment system. The unit will also ensure the appropriate Federal Supply Class (FSC) Code from the equipment list in Attachment 1 is included on the DA Form 2765-1 turn-in document.
- c. Unit commanders will secure turned-in equipment **until the claim is paid**, and then turn the equipment into the Defense Reutilization and Marketing Office (DRMO)/Supply Support Activity (SSA) for destruction in accordance with AR 710-2, Supply Policy Below the National Level, DA PAM 710-2-1, Using Unit Supply System (Manual Procedures), AR 735-5, Policies and Procedures for Property Accountability, and local installation policy. The DA Forms 2765-1 and/or DD Forms 1348-1A turned into DRMO under this program must be marked with: *“This property is being turned in subject to PL 108-375 § 351. As it may be substandard it shall be destroyed to prevent misuse or sale.”*
- d. The unit will keep a copy of the DD Form 2902 in a file as part of the document register support files supporting the DA Form 2765-1, or DD Form 1348-1A, turn-in form. In addition, to allow for document number and claim form cross reference, the unit will utilize DA Form 3161 with the claim number referenced in block 2 (“Voucher No”). The DA Form 3161 block 12.c. “Item Description” should capture either the item description on the DD Form 2902, or should state, “see DD Form 2902 with Claim Number (-----)”. The turn-in document number from the DA Form 2765-1 or DD Form 1348-1A should be noted in block 12.g., “Supply Action.” The completed DA Form 3161, copies of the applicable DA Form 2765-1 or DD Form 1348-1A, and a copy of the claims form (DD Form 2902) with Block 14 completed, will be filed with the document register support file, and should be kept by the unit for 2 years.
- e. Unit commanders who have questions concerning these procedures should e-mail their questions to: [reimbursement.info@us.army.mil](mailto:reimbursement.info@us.army.mil).

### 4. PROCEDURES FOR APPROVAL AUTHORITIES (Field grade commanders or other field grade designees).

- a. If the unit commander is not a field grade officer, the unit commander will forward the claim and accompanying documentation to the first field grade commander in the Soldier’s chain of command (or, for those organizations where no field grade commander is readily available, to a

field grade officer designated by the first general officer in the chain of command) for review and approval. If the claim is deficient, the commander will ensure that the Soldier is counseled on the deficiencies and given an opportunity to correct the deficiencies.

b. Reimbursement is permitted only for those items listed in Attachment 1 and is limited to the actual purchase price of an item plus applicable shipping costs, as evidenced by a purchase receipt or invoice. Reimbursement for any one item shall not exceed \$1,100 (excluding any applicable shipping costs). If receipts are unavailable or missing, the reimbursement price will be based on the item cost as shown in Attachment 1.

c. Once the approval authority (field grade commander or designated officer) determines that the claim is proper (see Block 13, DD Form 2902) and determines the appropriate amount of reimbursement IAW paragraph 4.b above, the approval authority shall approve the claim by checking the appropriate box in block 13 of DD Form 2902 and completing and signing block 14. If the approval authority approves the claim for less than the amount claimed by the Soldier because of the reimbursement limitations contained in paragraph 4.b above, the commander will ensure that the Soldier is advised as to the reason why the approved amount is less than the amount claimed. Once a claim is approved, the approval authority will mail the original claim form, any supporting documentation, and a copy of the completed DA Form 2765-1 or DD Form 1348-1A to the U.S. Army Claims Service at the following address:

U.S. Army Claims Service  
ATTN: JACS-PC  
4911 Llewellyn Avenue  
Fort George G. Meade, MD 20755-5360

If an approval authority determines that a claim should be denied in whole or part for reasons other than the reimbursement limitations contained in paragraph 4.b above, the approval authority will forward the claim to the U.S. Army Claims Service for action with an explanation of the reason(s) the claim was not approved.

d. Units should retain a copy of all approved claims.

e. For former Soldiers and others noted in paragraph 2.c above, the Commander, U.S. Army Claims Service, or his designee, will serve as the approval authority and will complete Block 14 of DD Form 2902.

f. Approval authorities who have questions concerning these procedures should e-mail their questions to: [reimbursement.info@us.army.mil](mailto:reimbursement.info@us.army.mil).

## **5. CERTIFICATION AND APPELLATE PROCEDURES.**

a. The Commander, U.S. Army Claims Service, will designate a member of his Service to review all claims for final payment certification. That designee may certify the claim for payment, deny the claim, or deny the claim in part. If the claim is denied in whole or in part, the



designee will inform the claimant in writing of the specific reasons for the denial and will advise the claimant that he or she has 30 calendar days from receipt of the notice to submit an appeal.

b. The Commander, U.S. Army Claims Service, will serve as the appellate authority and may grant any appeals submitted in whole or in part, or may deny the appeal. All claimants who submit an appeal will be advised in writing as to the action taken on their appeal.

6. **OTHER INFORMATION.**

a. Once a claim is certified for payment by the U.S. Army Claims Service, it will be forwarded to DFAS for payment. DFAS will make payment to the active duty Soldier's established pay account. For reserve component Soldiers, a check will be mailed to the address in block 9 of the claim form. Soldiers may call the DFAS-Columbus Centralized Customer Service numbers for payment questions at 1 (800) 756-4571, option (2), option (2).

b. Other equipment turn-in requirements and information.

- The DA Form 2765-1 and/or DD Form 1348-1A turn-in document must bear the correct FSC Code for the property being turned in.
- The DA Form 2765-1 and/or DD Form 1348-1A turn-in document must bear the reimbursement claim number for the property being turned in or a copy of the voucher itself with the authorized signature from the military activity that accepted the property for reimbursement. This will allow an audit trail from property being disposed of to the actual reimbursement document.
- Unit commanders should consolidate property, when feasible, for turn in to DRMO to reduce handling and processing costs.

c. The Commander, U.S. Army Claims Service, will appoint certifying officials by completing DD Form 577, Appointment/Termination Record – Authorized Signature, and mail to:

Defense Finance and Accounting Center  
ATTN: DFAS-CSVA/IN  
8899 E. 56<sup>th</sup> Street  
Indianapolis, IN 46249-5005  
Phone: (317) 510-2358; DSN: 699-2358

d. DFAS-Rome is the designated payment agency.

2 Attachments

1. List of shortage items
2. DD Form 2902, "Claim for Reimbursement and Payment Voucher for Privately Purchased Protective, Safety and Health Equipment Used in Combat"

## Attachment

### List of shortage items

Description	Est. Cost	FSC
Complete "Vest, Outer Tactical" ("OTV") or an equivalent commercial complete ballistic vest	\$551.60	8470
Components of Vest, Outer Tactical (OTV), if purchased separately:		
Basic Vest, Outer Tactical (OTV)	\$500.00	8470
Groin Protector (Interceptor)	\$57.05	8470
Throat Protector	\$13.65	8470
Yoke and Collar Assembly	\$62.75	8470
Collar Protector (Interceptor)	\$25.00	8470
Ballistic Inserts	\$140.00	8470
Small Arms Protective Insert (SAPI)	\$499.60	8470
Deltoid and Axillary Protector	\$285.00/set	8470
Side Plate Body Armor	\$600/set	8470
Helmet, Combat	\$342.35	8470
Ballistic Eye Protection	\$63.78	4240
Hydration System	\$24.00	8465
Summer-weight gloves, or equivalent leather work gloves	\$18.00/pair	8415
Knee pads	\$20.00/set	8415
Elbow pads	\$20.00/set	8415
Bed insect netting	\$20.00	7210
Insect repellent, permethrin	\$9.50	6840
Insect repellent, DEET	\$3.00	6840
Reflective vest	\$8.00	8470

# CLAIM FOR REIMBURSEMENT AND PAYMENT VOUCHER FOR PRIVATELY-PURCHASED PROTECTIVE, SAFETY, OR HEALTH EQUIPMENT USED IN COMBAT

OMB No. 0704-0436  
OMB approval expires  
May 31, 2006

The public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0436). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS DIRECTED IN ITEM 6.b.**

## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. Section 301, Departmental Regulations; Public Law 108-375, Section 351; Public Law 109-163, Section 332; and E.O. 9397 (SSN).

**PRINCIPAL PURPOSE(S):** This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Service members for reimbursement for privately-purchased protective, safety, or health equipment purchased for Operation Noble Eagle, Operation Enduring Freedom, or Operation Iraqi Freedom.

**ROUTINE USE(S):** None.

**DISCLOSURE:** Completion of this form is voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

1. RANK	2. NAME (Last, First, Middle Initial)	3. SSN	4. SERVICE	5. CLAIM NO. (Assigned by Service)
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## 6. THE ITEMS LISTED IN ITEM 10 BELOW WERE PURCHASED FOR USE IN COMBAT IN:

☐ OPERATION NOBLE EAGLE ☐ OPERATION ENDURING FREEDOM ☐ OPERATION IRAQI FREEDOM

a. DATES OF PARTICIPATION (YYYYMMDD): FROM TO:

b. I AM A:

☐ CURRENT SERVICE MEMBER. (Submit claim to your chain of command. Approval authority is first commander in the rank of Major/Lieutenant Commander or higher. Payment will be by electronic transfer to the bank account designated for your pay and allowances.)

☐ FORMER SERVICE MEMBER OR SURVIVOR OF DECEASED SERVICE MEMBER. (Submit claim to the address shown for the correct Service in Item 12 on Page 2. That office is the approval authority. Payment will be by check mailed to the address in Item 9.a.)

7.a. UNIT OF ASSIGNMENT AT TIME OF QUALIFYING COMBAT OPERATIONS  
AND THAT UNIT'S CURRENT MAILING ADDRESS (If known)

b. UNIT TELEPHONE NUMBER

c. UNIT POC E-MAIL

8.a. CURRENT UNIT OF ASSIGNMENT AND UNIT MAILING ADDRESS (If applicable)

b. UNIT TELEPHONE NUMBER

c. UNIT POC E-MAIL

9.a. PERSONAL MAILING ADDRESS (Include ZIP Code)

b. TELEPHONE NUMBER

c. E-MAIL

## 10. I CLAIM REIMBURSEMENT FOR THE FOLLOWING ITEMS:

a. DESCRIPTION	b. REF. NO. (See Service list)	c. ACTUAL COST*	d. ACTUAL SHIPPING COST*	e. DATE PURCHASED (YYYYMMDD)	f. FOR USE BY APPROVAL AUTHORITY: AMOUNT APPROVED FOR PAYMENT
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) TURN-IN MAILING COST (Former members or survivors only)					
(10) TOTAL (Approval Authority: enter total amount approved for payment here and in Item 14.e.)					

\*Do not list actual costs unless you are submitting copies of receipts. If you do not have receipts, reimbursement will be standard values determined by the government.



**11. SERVICE MEMBER'S, FORMER SERVICE MEMBER'S, OR SURVIVOR'S CERTIFICATION**

I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that:

- (1) The items listed in Item 10 were purchased for use in combat.
- (2) Each item was critical for protection, safety, or health.
- (3) Equivalent government-purchased protective, safety, or health equipment was not issued before I (or the deceased Service member on whose behalf this claim for reimbursement is being submitted) became engaged in imminent-danger or hostile-fire operations.
- (4) Each item was purchased after September 10, 2001 and before April 2, 2006.

I understand that all items listed shall become the property of the United States government and, unless destroyed in combat operations or otherwise properly accounted for, must be turned in with this claim. I understand that unless I can produce a receipt for each item, reimbursement will be limited to a value determined by the government. I understand that reimbursement per item may not exceed \$1,100.00.

Copies of original receipts are attached for ☐ All items ☐ Some items ☐ No items.

a. SIGNATURE

b. DATE (YYYYMMDD)

**12. CURRENT SERVICE MEMBERS:** Submit claim to your chain of command. Approval authority is first unit commander in the rank of Major/Lieutenant Commander or higher.

**UNIT COMMANDERS:** Send approved forms to the address shown here for your Service.

**FORMER SERVICE MEMBERS AND SURVIVORS OF FORMER SERVICE MEMBERS:** Mail or fax your claim to the address shown here for the appropriate Service.

a. ARMY

US Army Claims Service  
ATTN: JACS-PC  
Building 4411, Llewellyn Avenue  
Fort George G. Meade, MD 20755-5360  
Fax: 301-677-3734/DSN 622-3734

b. NAVY

PERS 464E  
Navy Personnel Command  
5720 Integrity Drive  
Millington, TN 38055  
Fax: 901-874-4683

c. MARINE CORPS

Office of the Deputy Commandant for Programs and Resources  
Headquarters, US Marine Corps  
3000 Marine Corps Pentagon  
Washington, DC 20350-3000  
Fax: 703-692-5093

d. AIR FORCE

AFELM VEMSO  
54 Willow St., Wing B  
Langley AFB, VA 23665  
Fax: 757-764-4415/DSN 574-4415

**13. APPROVAL AUTHORITY CERTIFICATION**

☐ I am the Service member's current commander. I have reviewed this list and discussed it with the Service member. Items claimed have been turned in or are properly accounted for. Based on the Service member's declaration and my interview of the Service member, this claim appears reasonable and is approved in the total amount in Item 14.e.

☐ I am the former or deceased Service member's designated Service authorizing official. Items claimed have been turned in or are properly accounted for. Based on the Service member's (or survivor's of deceased Service member) declaration and all available supporting documents, this claim appears reasonable and is approved in the total amount in Item 14.e.

**14. APPROVAL AUTHORITY**

a. RANK

b. PRINTED NAME (Last, First, Middle Initial)

c. SIGNATURE

d. UNIT ADDRESS

e. TOTAL AMOUNT  
APPROVED FOR  
PAYMENT

f. DATE (YYYYMMDD)

**15. FOR USE BY SERVICE-LEVEL FINANCE CERTIFYING OFFICIALS ONLY.**

This claim is certified correct and proper for payment in the amount in Item 14.e.

a. ACCOUNTING CLASSIFICATION

b. AUTHORIZED CERTIFYING OFFICER SIGNATURE

c. CERTIFYING OFFICER'S NAME AND TITLE

d. DATE (YYYYMMDD)

e. Fax completed form (with all blocks in Item 15 completed) to DFAS: Army claims 1-877-575-3332; USMC claims 1-866-217-6523; all other claims 1-877-278-3106.



**INSTRUCTIONS FOR COMPLETING DD FORM 2902,  
CLAIM FOR REIMBURSEMENT AND PAYMENT VOUCHER FOR PRIVATELY-PURCHASED  
PROTECTIVE, SAFETY, OR HEALTH EQUIPMENT USED IN COMBAT**

1. Purpose. This form implements Public Law 108-375, Section 351; Public Law 109-163, Section 332; and the Department of Defense program to reimburse members of the Armed Forces for the cost (including shipping cost) of protective, safety, or health equipment that was purchased by the member or by another person on behalf of the member for the personal use of the member in anticipation of, or during, the deployment of the member in connection with Operation Noble Eagle, Operation Enduring Freedom, or Operation Iraqi Freedom.
2. Review the Service's list of approved items for reimbursement for privately-purchased protective, safety, or health equipment used in Operation Noble Eagle, Operation Enduring Freedom, or Operation Iraqi Freedom. (The Services' lists are available from the contacts listed in Item 12.) Claim only items on the Service's list, or very similar replacement items.
3. "Actual Shipping Cost" in Item 10.d. is the cost you paid (or that someone else paid on behalf of a Service member) to ship the item from the seller to the purchaser and on to Iraq, Afghanistan, or other location in the theater of operations.
4. "Ref. No." in Item 10.b. is the reference number for the most similar item on the Service's list of items approved for reimbursement. The Services' lists of items approved for reimbursement are available from the contacts listed in Item 12.
5. Current Service members: Fill out the form and submit it, together with your supporting evidence (see below) to your chain of command. If you still have the equipment, be prepared to turn it in. If you do not have the equipment, be prepared to explain what happened to it, and to provide supporting evidence. Approval authority will be the first field-grade (Major/Lieutenant Commander or higher) unit commander in your chain of command.
6. Former Service members (and survivors of deceased Service members): Fill out the form and submit it, together with supporting evidence (see below) to the address given in Item 12. If you still have the equipment, pack it securely and mail it to the address given in Item 12; list this turn-in mailing cost as a separate, final item "turn in mailing cost" in Item 10. If you do not have the equipment, explain what happened to it. Approval authority will be an official from the relevant Service at the address in Item 12.
7. Supporting Evidence.
  - a. Submit copies (not the originals) of supporting evidence to show you (or the deceased Service member) served in Operation Noble Eagle, Operation Enduring Freedom, or Operation Iraqi Freedom as shown in Item 6: a copy of deployment orders, a copy of DD Form 214 showing combat service, or other similar official documents.
  - b. Submit copies (not the originals) of all supporting evidence you have that you purchased the equipment, or that someone else bought the equipment for you (or a deceased Service member on whose behalf the claim for reimbursement is submitted). The best evidence is a copy of the receipt for the item. If you do not have the receipt, submit all evidence you can assemble that shows the Service member owned and used the item in combat. Examples of supporting evidence include: photographs showing the Service member wearing or using the equipment, letters or affidavits from others in the combat unit who know the Service member had the equipment, letters or affidavits from whomever bought the equipment, copies of credit card statements showing the purchases, copies of mailing receipts, a letter or affidavit from the store that sold the equipment, etc. If you still have the equipment, you will be required to turn it in. If you do not have the equipment to turn in, you must provide an explanation of what happened to it, just as you would if you lost a piece of government-issued equipment.
8. Unit Commander (or for former Service members, Service authorizing officials).
  - a. You must decide whether to approve the form on behalf of your Service. Consider the credibility and veracity of the Service member and all the evidence he or she submits. If you are not reasonably certain that the claim is valid, counsel the Service member and explain what additional evidence is needed, and return the form to him or her. If the claim is valid, on each line in Item 10, enter the amount approved for payment in the last column: if supported by receipts, enter actual amount paid (including any substantiated shipping costs); if not supported by receipts, enter the standard value from your Service's list of items approved for payment. Add up the amounts approved for payment in Item 10, and copy the total to Item 14.e.
  - b. The Service member (or survivor of a deceased Service member) must turn in to you any equipment he or she still has for which he or she is seeking reimbursement. Have your unit supply officer turn the equipment in to DRMO for disposal.
  - c. If you approve the form, complete Item 14 and forward it to the Service official in Item 12.
9. Service Authorizing Official. Assign an accounting classification in Item 15.a., sign the form to certify the claim, and fax the form to: DFAS: Army claims 1-877-575-3332; USMC claims 1-866-217-6523; all other claims 1-877-278-3106.